

## OCCUPATIONAL THERAPY REFERRAL FORM

REFERRER DETAILS			
REFERRER NAME		REFERRER TITLE/ POSITION	
PHONE		EMAIL	

PATIENT INFORMATION			
LAST NAME		FIRST NAME	
DATE OF BIRTH		FEMALE /MALE/ OTHER	
INTERPRETER REQUIRED?		LANGUAGE SPOKEN	
NEXT OF KIN NAME + CONTACT		CLIENT MEDICARE NUMBER /NDIS	
PATIENT'S ADDRESS		PLAN MANAGED/NDIA MANAGED/ SELF MANAGED?	
		PLAN MANAGER DETAILS & EMAIL ACCOUNT	
		PATIENT'S PHONE	
		PATIENT'S EMAIL	
DIAGNOSIS/CONDITIONS TYPE OF INJURY/ILLNESS			

SERVICE REQUESTED		
REASON FOR REFERRAL	<input type="checkbox"/> HOME ASSESSMENT/MODIFICATIONS	<input type="checkbox"/> ASSISTIVE TECHNOLOGY/EQUIPMENT ASSESSMENT
	<input type="checkbox"/> CHANGE OF CIRCUMSTANCES/NDIS REVIEW	<input type="checkbox"/> NATIONAL INJURY INSURANCE SCHEME
	<input type="checkbox"/> MENTAL HEALTH ASSESSMENT	<input type="checkbox"/> FORENSIC ASSESSMENT
	<input type="checkbox"/> FUNCTIONAL ASSESSMENT	<input type="checkbox"/> HOSPITAL ASSESSMENT
	<input type="checkbox"/> REVIEW OF SERVICES/CARE PLANNING	<input type="checkbox"/> WORKPLACE ASSESSMENT
	<input type="checkbox"/> CHILD SAFETY/ DEPT YOUTH JUSTICE	<input type="checkbox"/> MEDICO-LEGAL ASSESSMENT
CLIENT CONSENT FOR REFERRAL?		
ADDITIONAL INFORMATION/ COMMENTS		

## HOME/LOCATION RISK ASSESSMENT

HIGH RISK SCREENING	FURTHER INFORMATION AND PROPOSED CONTROLS	RISK LEVEL RATE THE RISK AS LOW/MED/HIGH
<p>Is there knowledge of the home situation That indicates there may be a risk to staff visiting the home? For example:</p> <ul style="list-style-type: none"> <li>• Is it expected all involved parties will be agreeable to a home visit?</li> <li>• Violence</li> <li>• Threatening behaviour</li> <li>• Innapropriate behaviour</li> <li>• Neighbours</li> <li>• Mental health issues</li> <li>• Weapons</li> <li>• Substance abuse</li> </ul>		

QUESTION TO ASK PARENT/GURADIAN/ CAREER TO ASSESS RISK INVOLVED	REFER RESPONSE, ADDITIONAL INFORMATION AND ANY PROPOSED CONTROLS	RISK LEVEL RATE THE RISK AS LOW/MED/HIGH
<p>Will the hours of 8am – 5pm be suitable for the visit?</p> <ul style="list-style-type: none"> <li><i>If times outside daylight hours are nominated how will this be managed? Does it change the risks? Will employee contact person be available?</i></li> </ul>		
<p>Who lives in the home? Who is likely to be in the home during the visit?</p>		
<p>Will the client be advised of the visit before the staff arrive at the home?</p>		
<p>Will the client be distressed/aggressive, due to the employee visiting the home?</p>		
<b>ACCESS TO THE HOME/PROPERTY – SLIP/TRIP/FALLS</b>		
<p>Is the property difficult to get to? Isolated/remote location, high rise flat?</p>		
<p>Is it difficult to access parking outside the home? e.g. narrow street, steep/long driveway, acreage, location of room/unit in complex.</p>		
<p>Is there easy access to the home? e.g. slippery due to rain, on a hill?</p>		
<p>Could the visit take place outside the home? Is it best to conduct the conversation outside of the house on the property, or meet at the gate?</p>		

<b>MANUAL HANDLING (DEPENDS ON VISIT PURPOSE, E.G. THERAPY/NURSING)</b>		
<p>Will any manual handling tasks be conducted during the visit? Will manual handling equipment be available in the house?</p> <p>Any issues with use of equipment? e.g. knowledge, space, suitability.</p>		
<b>BIOLOGICAL</b>		
<p>Is anyone in the home unwell?</p>		
<b>ANIMAL</b>		
<p>Are there animals at the home? If yes, will they be restrained/isolated for the duration of the home visit?</p>		
<b>BIOLOGICAL AND CHEMICAL – PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>		
<p>Will employees need PPE for the nature of the tasks/duties?</p>		
<b>ANYTHING ELSE THAT'S RELEVANT?</b>		
<p>Are there any potential hazards employees should be aware of when visiting the home? e.g. access issues, renovations.</p>		
<p>What measures are in place for managing risk of violence and aggression.</p>		